

EXHIBIT “G”

DATE (MONTH/YEAR)
10/15/2008

APPLICANT INFORMATION SECTION

AGENCY White Insurance Agency, Inc. P.O. Box 1310 Black Mountain, NC 28711 Cheryl K. Reavis PHONE (INC. No. Ext.) 828-669-7912 FAX (INC. No.) 828-669-2315 EMAIL ADDRESS: CODE: 329597 SUB CODE: AGENCY CUSTOMER ID: RICHM-3	CARRIER	NAIC CODE:	UNDERWRITER		UNDERWRITER OFF.
	Hartleysville Mutual				
	POLICIES OR PROGRAM REQUESTED				POLICY NUMBER
	PACKAGE				APP
	INDICATE SECTIONS ATTACHED		EQUIPMENT FLOATER		GARAGE AND DEALERS
	<input checked="" type="checkbox"/> PROPERTY		<input checked="" type="checkbox"/> INSTALLATION/BUILDERS RISK		<input type="checkbox"/> VEHICLE SCHEDULE
	<input checked="" type="checkbox"/> GLASS AND SIGN		<input checked="" type="checkbox"/> ELECTRONIC DATA PROC		<input type="checkbox"/> BOILER & MACHINERY
	<input checked="" type="checkbox"/> ACCOUNTS RECEIVABLE/VALUABLE PAPERS		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		<input type="checkbox"/> WORKERS COMPENSATION
	<input checked="" type="checkbox"/> CRIME/MISCELLANEOUS CRIME		<input checked="" type="checkbox"/> BUSINESS AUTO		<input type="checkbox"/> UMBRELLA
	<input checked="" type="checkbox"/> TRANSPORTATION/MOTOR TRUCK/CARGO		<input checked="" type="checkbox"/> TRUCKERS/MOTOR CARRIER		

STATUS OF TRANSACTION		PACKAGE POLICY INFORMATION					
<input checked="" type="checkbox"/> QUOTE	<input checked="" type="checkbox"/> ISSUE POLICY	<input type="checkbox"/> RENEW	ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.				
BOUND (Give Date and/or Attach Copy):		PROPOSED EFF DATE		PROPOSED EXP DATE		AUDIT	
CHANGE	DATE	TIME	<input checked="" type="checkbox"/> AM	<input type="checkbox"/> PM	10/19/08	10/19/09	X DIRECT BILL AGENCY BILL
CANCEL							

APPLICANT INFORMATION					
NAME (First Named Insured & Other Named Insureds) The Hammocks, LLC dba Richmond Hill Inn			MAILING ADDRESS INCL ZIP+4 (of First Named Insured) Dr. William Gray 87 Richmond Hill Drive Asheville, NC 28806-3912		
FEIN OR SOC SEC # (of First Named Insured): 01-0713585		PHONE (INC. No. Ext.) 828-252-7313		WEBSITE ADDRESS(ES): www.richmondhillinn.com	
EMAIL ADDRESS(ES): financial@richmondhillinn.com					
INDIVIDUAL	CORPORATION	SUBCHAPTER'S CORPORATION NOT FOR PROFIT ORG	<input checked="" type="checkbox"/> LLC	CR BUREAU NAME	ID NUMBER
PARTNERSHIP	JOINT VENTURE				DATE BUS STARTED
INSPECTION CONTACT: Sarah McCulloch			ACCOUNTING RECORDS CONTACT: Sarah McCulloch		
PHONE (INC. No. Ext.) 828-252-3912		EMAIL ADDRESS financial@richmondhillinn.com		PHONE (INC. No. Ext.) 828-252-3912	EMAIL ADDRESS financial@richmondhillinn.com

PREMISES INFORMATION									
LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4		CITY LIMITS	INTEREST	YR BUILT	# EMPLOYEES	ANNUAL REVENUES	% OCCUPIED
1	1	87 Richmond Hill Drive Asheville NC 28806 Buncombe		<input checked="" type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input checked="" type="checkbox"/> OWNER <input type="checkbox"/> TENANT	1889	45	3,000,000	100
1	2	87 Richmond Hill Drive Asheville NC 28806 Buncombe		<input checked="" type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input checked="" type="checkbox"/> OWNER <input type="checkbox"/> TENANT	1986	45	3,000,000	100

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)		
1	1	Inn, Restaurants, Gardens - Resort - 4Diamond Property

GENERAL INFORMATION							
EXPLAIN ALL "YES" RESPONSES		YES	NO	EXPLAIN ALL "YES" RESPONSES		YES	NO
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).		<input type="checkbox"/>	<input checked="" type="checkbox"/>
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	9. ANY UNCORRECTED FIRE CODE VIOLATIONS?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 6 YEARS?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	11. HAS BUSINESS BEEN PLACED IN A TRUST? IF YES, NAME OF TRUST:		<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. ANY CATASTROPHE EXPOSURE?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?		<input checked="" type="checkbox"/>	<input type="checkbox"/>				
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NOT RENEWED DURING THE PRIOR 3 YEARS? (Not applicable in MO)		<input checked="" type="checkbox"/>	<input type="checkbox"/>				
7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGIGENT HIRING?		<input checked="" type="checkbox"/>	<input type="checkbox"/>				

REMARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if more space is required)

BUSINESS TYPE OTHER DESCRIPTION

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [IN, SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

APPLICANT'S SIGNATURE <i>Sarah M. McCulloch</i>	DATE 10-18-2008	PRODUCER'S SIGNATURE <i>Cheryl K. Reavis</i>	NATIONAL PRODUCER NUMBER ACORD 125 (2005/06)
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PLEASE COMPLETE REVERSE SIDE

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RICHM-3 OP ID: C2

LINE	CATEGORY												
GENERAL COMMERCIAL LIABILITY	CARRIER	Penn Manuf Assn <i>(Tudor)</i>											
	POLICY NUMBER	300700-71-00-74											
	POLICY TYPE	CLAMS MADE	X	OCCURRENCE	CLAMS MADE	X	OCCURRENCE	CLAMS MADE		OCCURRENCE	CLAMS MADE		OCCURRENCE
	RETRO DATE												
	EFF-EXP DATE	10/09/07		10/09/08									
	GENERAL AGGREGATE	2,000,000											
	PRODUCTS COMP OR AGGREGATE	2,000,000											
	PERSONAL & ADV INJ	1,000,000											
	EACH OCCURRENCE	1,000,000											
	FIRE DAMAGE	100,000											
MEDICAL EXPENSE	5,000												
BODILY OCCURRENCE													
INJURY AGGREGATE													
PROPERTY OCCURRENCE													
DAMAGE AGGREGATE													
COMBINED SINGLE LIMIT													
MODIFICATION FACTOR													
TOTAL PREMIUM													
AUTOMOBILE LIABILITY	CARRIER	Yes-will follow											
	POLICY NUMBER												
	POLICY TYPE	BAP											
	EFF-EXP DATE	10/19/07		10/19/08									
	COMBINED SINGLE LIMIT	1,000,000											
	BODY EA PERSON												
	INJURY EA ACCIDENT												
PROPERTY DAMAGE													
MODIFICATION FACTOR													
TOTAL PREMIUM													
PROPERTY	CARRIER	Lloyds											
	POLICY NUMBER	BCM27660											
	POLICY TYPE	PROP FORM											
	EFF-EXP DATE	10/19/07		10/19/08									
	X BUILDING AMT	5,000,000											
	X PERS PROP AMT	INCL											
	MODIFICATION FACTOR												
TOTAL PREMIUM													
	CARRIER	Lloyds											
	POLICY NUMBER	BCM27559											
	POLICY TYPE	PROP EXCES											
	EFF-EXP DATE	10/19/07		10/19/08									
	LIMIT	8,240,000											
	MODIFICATION FACTOR												
	TOTAL PREMIUM												

LOSS HISTORY

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 6 YEARS (3 YEARS IN KS & NY)					CHK HERE IF NONE	X	SEE ATTACHED LOSS SUMMARY
DATE OF OCCURRENCE	LINE	TYPE DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS	OPEN CLSD
		07-08 ordered					

REMARKS NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY
SEE ATTACHED REMARKS OVERFLOW

ATTACHMENTS

STATE SUPPLEMENT(S) (if applicable)

OPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.)

NOTICE OF INSURANCE INFORMATION PRACTICES PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

LOC # 1 BUILDING # 3							
STREET, CITY, COUNTY, STATE, ZIP CODE		CITY LIMITS	INTEREST	YR BUILT	EMPLOYEES	ANNUAL REVENUES	% OCCUPIED
87 Richmond Hill Drive Asheville NC 28806 Buncombe		<input checked="" type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input checked="" type="checkbox"/> OWNER <input type="checkbox"/> TENANT	1985	45	\$ 3,000,000	100
NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS							
LOC # 1 BUILDING # 4							
STREET, CITY, COUNTY, STATE, ZIP CODE		CITY LIMITS	INTEREST	YR BUILT	EMPLOYEES	ANNUAL REVENUES	% OCCUPIED
87 Richmond Hill Drive Asheville NC 28806 Buncombe		<input checked="" type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input checked="" type="checkbox"/> OWNER <input type="checkbox"/> TENANT	1985	45	\$ 3,000,000	100
NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS							
LOC # 1 BUILDING # 5							
STREET, CITY, COUNTY, STATE, ZIP CODE		CITY LIMITS	INTEREST	YR BUILT	EMPLOYEES	ANNUAL REVENUES	% OCCUPIED
87 Richmond Hill Drive Asheville NC 28806 Buncombe		<input checked="" type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input checked="" type="checkbox"/> OWNER <input type="checkbox"/> TENANT	1985	45	\$ 3,000,000	100
NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS							
LOC # 1 BUILDING # 6							
STREET, CITY, COUNTY, STATE, ZIP CODE		CITY LIMITS	INTEREST	YR BUILT	EMPLOYEES	ANNUAL REVENUES	% OCCUPIED
87 Richmond Hill Drive Asheville NC 28806 Buncombe		<input checked="" type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input checked="" type="checkbox"/> OWNER <input type="checkbox"/> TENANT	1985	45	\$ 3,000,000	100
NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS							
LOC # 1 BUILDING # 7							
STREET, CITY, COUNTY, STATE, ZIP CODE		CITY LIMITS	INTEREST	YR BUILT	EMPLOYEES	ANNUAL REVENUES	% OCCUPIED
87 Richmond Hill Drive Asheville NC 28806 Buncombe		<input checked="" type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input checked="" type="checkbox"/> OWNER <input type="checkbox"/> TENANT	1992	45	\$ 3,000,000	100
NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS							
LOC # 2 BUILDING # 1							
STREET, CITY, COUNTY, STATE, ZIP CODE		CITY LIMITS	INTEREST	YR BUILT	EMPLOYEES	ANNUAL REVENUES	% OCCUPIED
88 Richmond Hill Drive Asheville NC 28806 Buncombe		<input checked="" type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input checked="" type="checkbox"/> OWNER <input type="checkbox"/> TENANT	1985	45	\$ 3,000,000	100
NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS							
LOC # 3 BUILDING # 1							
STREET, CITY, COUNTY, STATE, ZIP CODE		CITY LIMITS	INTEREST	YR BUILT	EMPLOYEES	ANNUAL REVENUES	% OCCUPIED
88 Richmond Hill Drive Asheville NC 28806 Buncombe		<input checked="" type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input checked="" type="checkbox"/> OWNER <input type="checkbox"/> TENANT	1985	45	\$ 3,000,000	100
NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS							
LOC # BUILDING #							
STREET, CITY, COUNTY, STATE, ZIP CODE		CITY LIMITS	INTEREST	YR BUILT	EMPLOYEES	ANNUAL REVENUES	% OCCUPIED
		<input type="checkbox"/> INSIDE <input checked="" type="checkbox"/> OUTSIDE	<input type="checkbox"/> OWNER <input checked="" type="checkbox"/> TENANT				
NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS							
APPLIED 125 API (2005/06)							

REMARKS

RICHM-3

JP ID: C2

PAGE 1 OF 1

This is an excellent property and account. I lost the package last year due to the company prior not willing to reduce the values to reflect what the owner perceived to be the correct replacement cost. Review this with the producer, Cheryl Reavis #828-712-5007

ACORD® COMMERCIAL GENERAL LIABILITY SECTION

AGENCY	PHONE (A/C. No./Ex.) 828-669-7912 FAX (A/C. No.) 828-669-2315	APPLICANT (First Named Insured)	OP ID: C2 DATE (MM/DD/YYYY) 9/11/2008
White Insurance Agency, Inc. P.O. Box 1310 Black Mountain, NC 28711		EFFECTIVE DATE 10/19/08	EXPIRATION DATE 10/19/09
CODE: AGENCY CUSTOMER ID: RICHM-3	SUB CODE: FOR COMPANY USE ONLY	X DIRECT BILL AGENCY BILL	PAYMENT PLAN
AUDIT			

COVERS

X COMMERCIAL GENERAL LIABILITY		LIMITS	
<input type="checkbox"/>	CLAIMS MADE	<input type="checkbox"/>	OCCURRENCE
OWNER'S & CONTRACTOR'S PROTECTIVE		GENERAL AGGREGATE	\$ 2,000,000 PREMIUMS
X EBL		PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$ 2,000,000 PREMISES/OPERATIONS
DEDUCTIBLES		PERSONAL & ADVERTISING INJURY	\$ 1,000,000
PROPERTY DAMAGE	\$	EACH OCCURRENCE	\$ 1,000,000
BODILY INJURY	\$	DAMAGE TO RENTED PREMISES (each occurrence)	\$ 100,000
		MEDICAL EXPENSE (any one person)	\$ 5,000
		EMPLOYEE BENEFITS	\$ 1,000,000
OTHER COVERS, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverage attach the applicable state Business Auto Section, ACORD 137)			
TOTAL			

SCHEDULE OF HAZARDS

LOCATION #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS
1.1	GIFT Shops	13506	S	69690					
1.1	Hotels & Motels	84607	S	1611960					
1.1	Halls - Other than NFP	84775	A	1500					
1.1	Restaurants-sales of alcohol less than 30% or more but less than 75% of total sales receipts / without dance floor	84936	S	984750					
2.1	On family dwelling	63010	U	1					
1.1	Liquor Liability	58161	S	363600					
1.	Parking Public 46603	3	\$ 100,000						

RATING AND PREMIUM BASIS

(S) GROSS SALES - PER \$1,000/SALES

(P) PAYROLL - PER \$1,000/PAY

(A) AREA - PER 1,000/SQ FT

(C) TOTAL COST - PER \$1,000/COST

(M) ADMISSIONS - PER 1,000/ADM

(U) UNIT - PER UNIT

(T) OTHER

CLAIMS MADE (Explain all "Yes" responses)

1. PROPOSED RETROACTIVE DATE:
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COV:
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?

EMPLOYEE BENEFITS LIABILITY

1. DEDUCTIBLE PER CLAIM: \$
2. NUMBER OF EMPLOYEES: 40
3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS: 25
4. RETROACTIVE DATE: 09/10/08

REMARKS

REMARKS

CONTRACTORS

RICHM-3 OP ID: C2

EXPLAIN ALL "YES" RESPONSES (For past or present operations)		YES	NO	EXPLAIN ALL "YES" RESPONSES (For past or present operations)	YES	NO
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?				4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?		
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?				5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?		
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?				6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?		
REMARKS/DESCRIBE THE TYPE OF WORK SUBCONTRACTED		\$ PAID TO SUB-CONTRACTORS:		% OF WORK SUBCONTRACTED:	FULL TIME STAFF:	PART-TIME STAFF:

PRODUCTS/COMPLETED OPERATIONS

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS
food/gift shop						

EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation)		YES	NO	EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation)	YES	NO
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?		X		6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?		X
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS?		X		7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?		X
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?		X		8. PRODUCTS UNDER LABEL OF OTHERS?		X
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?		X		9. VENDORS COVERAGE REQUIRED?		X
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?		X		10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?		X
PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC						

ADDITIONAL INTEREST/CERTIFICATE RECIPIENT

ACORD 45 attached for additional names

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST ITEM NUMBER
ADDITIONAL INSURED					LOCATION: BUILDING:
LOSS PAYEE					VEHICLE: BOAT:
MORTGAGEE					SCHEDULED ITEM NUMBER:
LIENHOLDER					OTHER
EMPLOYEE AS LESSOR					
ITEM DESCRIPTION:					

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)		YES	NO	EXPLAIN ALL "YES" RESPONSES (For all past or present operations)	YES	NO
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?		X		12. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?		X
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?		X		13. ANY DEMOLITION EXPOSURE CONTEMPLATED?		X
3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)		X		14. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?		X
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST 5 YEARS?		X		15. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?		X
5. MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS?		X		16. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?		X
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?		X		17. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?		X
7. ANY PARKING FACILITIES OWNED/RENTED?		X		18. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE YEARS?		X
8. IS A FEE CHARGED FOR PARKING?		X		19. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?		X
9. RECREATION FACILITIES PROVIDED?		X		20. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?		X
10. IS THERE A SWIMMING POOL ON THE PREMISES?		X				
11. SPORTING OR SOCIAL EVENTS SPONSORED?		X				

REMARKS Please see the website www.richmondhillin.com. This is an exceptional property and I've worked with them for going on 4 years now. Please let me know if you have questions. ~C Reavis #828-712-5007

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY:SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied).

OP ID: C2

ACORD PROPERTY SECTION										DATE (MM/DD/YYYY) 9/11/2008			
AGENCY		PHONE (A.R. No. Ext.) 828-669-7912 FAX (A.R. No.) 828-669-2315		APPLICANT Richmond Hill Inn/The Hammocks (First Named Insured)									
White Insurance Agency, Inc. P.O. Box 1310 Black Mountain, NC 28711 Cheryl K. Reavis				EFFECTIVE DATE 10/19/08		EXPIRATION DATE 10/19/09		<input checked="" type="checkbox"/> DIRECT BILL AGENCY BILL		PAYMENT PLAN		AUDIT	
CODE: AGENCY CUSTOMER ID: RICHM-3		SUB CODE: FOR COMPANY USE ONLY											
PREMISES INFORMATION		PREMISES #: 1		STREET ADDRESS: 87 Richmond Hill Drive Asheville NC 28806									
		BUILDING #: 1		BLDG DESCRIPTION: Mansion/Rest/Incl. Retaining Wall									
SUBJECT OF INSURANCE		AMOUNT		COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	BLKT COV	FORMS AND CONDITIONS TO APPLY			
BUILDING		5,089,119		90	RC	SPECIAL		5,000		AGR AMT			
BLKT BPP		1,500,000		0						ALL BLDGS			
BLKT BI/EE				0						ALS			
ADDITIONAL INFORMATION		Y BUSINESS INCOME/EXTRA EXPENSE		BUSINESS INCOME Y/O EXTRA EXPENSE				EXTRA EXPENSE					
TYPE OF BUSINESS		ORDINARY PAYROLL <input checked="" type="checkbox"/> EXCL <input type="checkbox"/> INCL		POWER/HEAT \$ <input type="checkbox"/> DED <input type="checkbox"/> DAYS		EXT PERIOD ELEC MEDIA <input type="checkbox"/> NO PERIOD		TUITION FEES \$ <input type="checkbox"/> STUDENTS <input type="checkbox"/> OTHER ED SERV/INC		OFF PREM POWER <input checked="" type="checkbox"/> POWER <input type="checkbox"/> WATER <input type="checkbox"/> COMM (DESCR BELOW)		DEPEND PROP \$ COIN <input type="checkbox"/> CONT LOC <input type="checkbox"/> REC LOC <input type="checkbox"/> MFG LOC <input type="checkbox"/> LDR LOC (DESC BELOW)	
NON MFG		50 DAYS		100 DAYS		DAYS		LIMIT					
MFG													
MINING													
% COINS		\$ <input type="checkbox"/>				ORD OR LAW <input type="checkbox"/> MAX PERIOD		DAYS					
NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP												EXTRA EXPENSE	DAYS PERIOD REST
												LIMIT LOSS PAY	% % % %
ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION													
CONSTRUCTION TYPE		DISTANCE TO HYDRANT		FIRE STATION	FIRE DISTRICT/CODE NUMBER			PROT CL	# STORIES	# BASMTS	YR BUILT	TOTAL AREA	
FRAME		50 FT		3 MI	Asheville/			3	3	1	1889	7,300	
BUILDING IMPROVEMENTS		WIRING, YR: 85		<input checked="" type="checkbox"/> PLUMBING, YR: 85	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES					
		ROOFING, YR: 85.		<input checked="" type="checkbox"/> HEATING, YR: 85	W/RD CLASS								
OTHER:					RESISTIVE	SEMI-RESISTIVE	OTHER	HEATING BOILER ON PREMISES?			YES	NO	
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE		REAR EXPOSURE & DISTANCE									
Other Resort properties		Other Resort properties		Same									
BURGLAR ALARM TYPE		CERTIFICATE #		EXPIRATION DATE			EXTENT	GRADE	CENTRAL STATION				
Yes									WITH KEYS				
BURGLAR ALARM INSTALLED AND SERVICED BY							# GUARDS/WATCHMEN		CLOCK HOURLY				
Details to follow if requested							2		<input checked="" type="checkbox"/> 24 hr manned				
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)		% SPRNK	FIRE ALARM MANUFACTURER		Yes				<input checked="" type="checkbox"/> CENTRAL STATION				
smoke/fire		100							LOCAL GONG				
ADDITIONAL INTERESTS													
RANK:	NAME AND ADDRESS:		REFERENCE #:			CERTIFICATE REQUIRED			INTEREST IN ITEM NUMBER				
INTEREST									LOCATION: <input type="checkbox"/> BUILDING: <input type="checkbox"/>				
<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE									SCHEDULED ITEM NUMBER: <input type="checkbox"/>				
ITEM DESCRIPTION: <input type="checkbox"/>													
VALUE REPORTING INFORMATION													
REPORTING FORM: PROVIDE AVERAGE VALUES FOR PAST 12 MONTHS				PREMISES/BUILDING		ANY OTHER LOCATION DECLARED AT INCEPTION		ANY OTHER LOCATION ACQUIRED AFTER INCEPTION		PREMISES NOT OWNED OR ACQUIRED LIMIT			
SUBJECT OF INSURANCE													

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ADDITIONAL PREMISES INFORMATION		PREMISES #: 1 BUILDING #: 2	STREET ADDRESS: 87 Richmond Hill Drive Asheville NC 28806 BLDG DESCRIPTION: Guest House											
SUBJECT OF INSURANCE		AMOUNT	CORIG %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	BLK/T COV	FORMS AND CONDITIONS TO APPLY					
BUILDING		173,732	90	R	SPECIAL			5,000	AGR AMT					
BLKT BPP 1/1			0											
BLKT BI/EE			0						ALS					
ADDITIONAL INFORMATION		BUSINESS INCOME/EXTRA EXPENSE			BUSINESS INCOME W/O EXTRA EXPENSE			EXTRA EXPENSE						
TYPE OF BUSINESS		ORDINARY PAYROLL	POWERHEAT	EXT PERIOD	TUITION FEES	OFF PREM POWER	DEPEND PROP							
<input type="checkbox"/> NON MFG	<input type="checkbox"/> EXCL	<input type="checkbox"/> INCL	\$	DED	DAYS	\$	STUDENTS	<input type="checkbox"/>	POWER	% COIN				
<input type="checkbox"/> MFG	<input type="checkbox"/>	90 DAYS	ELEC MEDIA	MO PERIOD		\$	OTHER ED SERVINC	<input type="checkbox"/>	WATER	CONT LOC				
<input type="checkbox"/> MINING	<input type="checkbox"/>	100 DAYS	DAYS	LIMIT				<input type="checkbox"/>	COMBI (DESCR BELOW)	REC LOC				
<input type="checkbox"/> % COINS		<input type="checkbox"/> \$	ORD OR LAW	MAX PERIOD						MFG LOC				
			DAYS							LDR LOC (DESCR BELOW)				
NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEN PROPS										EXTRA EXPENSE	DAYS PERIOD REST			
										LIMIT LOSS PAY	%	%	%	%
ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION														
CONSTRUCTION TYPE		DISTANCE TO HYDRANT	FIRE STATION	FIRE DISTRICT CODE NUMBER			PROT CL	# STORIES	# BASMTS	YR BUILT	TOTAL AREA			
FRAME		50FT	3MI	Asheville/			3	1		1991	1,048			
BUILDING IMPROVEMENTS		WIRING, YR:	PLUMBING, YR:	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES							
		ROOFING, YR:	HEATING, YR:	WIND CLASS			HEATING BOILER ON PREMISES?							
		OTHER:		RESISTIVE	SEMI-RESISTIVE	OTHER	IF YES, IS INSURANCE PLACED ELSEWHERE?							
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE			REAR EXPOSURE & DISTANCE									
other resort properties														
BURGLAR ALARM TYPE		CERTIFICATE #:			EXPIRATION DATE			EXTENT	GRADE	CENTRAL STATION WITH KEYS				
BURGLAR ALARM INSTALLED AND SERVICED BY								# GUARDS/WATCHMEN		CLOCK HOURLY				
yes								2	X	24 hr employ				
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)		% SPRINK	FIRE ALARM MANUFACTURER							CENTRAL STATION LOCAL GONG				
smoke/fire														
ADDITIONAL INTERESTS														
RANK:	NAME AND ADDRESS:		REFERENCE #:	CERTIFICATE REQUIRED			INTEREST IN ITEM NUMBER							
INTEREST							LOCATION:		BUILDING:					
<input type="checkbox"/> LOSS PAYEE							SCHEDULED ITEM NUMBER:							
<input type="checkbox"/> MORTGAGEE							OTHER:							
ITEM DESCRIPTION:														
REMARKS														
Premise 1														
Premise 1														
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR or VT; In DC, LA, ME, TN and VA, insurance benefits may also be denied)														
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ADDITIONAL PREMISES INFORMATION		PREMISES #: 1 BUILDING #: 3	STREET ADDRESS: 87 Richmond Hill Drive Asheville NC 28806 BLDG DESCRIPTION: Guest House								
SUBJECT OF INSURANCE		AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	BLDG COV	FORMS AND CONDITIONS TO APPLY		
BUILDING		210,912	90	R	SPECIAL			5,000	AGR AMT		
BLKT BPP 1/1			0								
BLKT BI/EE			0						ALS		
ADDITIONAL INFORMATION		Y	BUSINESS INCOME/EXTRA EXPENSE			BUSINESS INCOME W/O EXTRA EXPENSE			EXTRA EXPENSE		
TYPE OF BUSINESS		ORDINARY PAYROLL <input checked="" type="checkbox"/> EXCL <input type="checkbox"/> INCL	POWER/HEAT <input type="checkbox"/> DEO	EXT PERIOD <input type="checkbox"/> DAYS	TUITION FEES <input type="checkbox"/> STUDENTS <input type="checkbox"/> OTHER ED SERVIC	OFF PREM POWER <input type="checkbox"/> POWER <input type="checkbox"/> WATER <input type="checkbox"/> COIN (DESCR BELOW)	DEPEND PROP <input type="checkbox"/> % COIN <input type="checkbox"/> CONT LOC <input type="checkbox"/> REC LOC <input type="checkbox"/> MFG LOC <input type="checkbox"/> LDR LOC (DESCR BELOW)				
NON MFG		<input type="checkbox"/>	\$								
MFG		<input type="checkbox"/>	90 DAYS								
MINING		<input type="checkbox"/>	180 DAYS								
% COINS		<input type="checkbox"/>	\$								
NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP									EXTRA EXPENSE	DAYS PERIOD REST	
									LIMIT LOSS PAY	% % % %	
ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION											
CONSTRUCTION TYPE		HYDRANT FT	FIRE STATION MI	FIRE DISTRICT/CODE NUMBER			PROTCL	# STORIES	# BASMTS	YR BUILT	TOTAL AREA
FRAME				Asheville/			3	1		1991	1,248
BUILDING IMPROVEMENTS				BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES				
WIRING, YR:		<input type="checkbox"/>	PLUMBING, YR:								
ROOFING, YR:		<input type="checkbox"/>	HEATING, YR:								
OTHER:											
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE				REAR EXPOSURE & DISTANCE					
other resort properties											
BURGLAR ALARM TYPE		CERTIFICATE #			EXPIRATION DATE			EXTENT	GRADE	CENTRAL STATION WITH KEYS	
BURGLAR ALARM INSTALLED AND SERVICED BY										CLOCK/HOURLY	
yes										X 24 hr employ	
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)		% SPRNK	FIRE ALARM MANUFACTURER							X CENTRAL STATION LOCAL GONG	
smoke/fire											
ADDITIONAL INTERESTS											
RANK:	NAME AND ADDRESS:		REFERENCE #:			CERTIFICATE REQUIRED		INTEREST ITEM NUMBER			
INTEREST								LOCATION:	BUILDING:		
<input type="checkbox"/> LOSS PAYEE								SCHEDULED ITEM NUMBER:			
<input type="checkbox"/> MORTGAGEE								OTHER:			
ITEM DESCRIPTION:											
REMARKS											
Premise 1											
<p>ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)</p>											
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ADDITIONAL PREMISES INFORMATION		PREMISES #: 1 BUILDING #: 4	STREET ADDRESS: 87 Richmond Hill Drive Asheville NC 28806 BLDG DESCRIPTION: Guest House									
SUBJECT OF INSURANCE		AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	BLKT COV	FORMS AND CONDITIONS TO APPLY			
BUILDING		210,912	90	R	SPECIAL		5,000		AGR AMT			
BLKT BPP 1/1			0									
BLKT BI/EE			0						ALS			
ADDITIONAL INFORMATION		Y	BUSINESS INCOME / EXTRA EXPENSE			BUSINESS INCOME W/O EXTRA EXPENSE			EXTRA EXPENSE			
TYPE OF BUSINESS	ORDINARY PAYROLL	X EXCL <input type="checkbox"/> INCL	POWER/HEAT	EXT PERIOD		TUITION FEES	OFF PREM POWER		DEPEND PROP			
	\$ <input type="checkbox"/> DED		DAYS	MO PERIOD	\$ <input type="checkbox"/> STUDENTS		POWER	% COIN				
X NON MFG	90 DAYS	ELEC MEDIA	DAYS	MAX PERIOD	\$ <input type="checkbox"/> OTHER ED SERVIC	WATER	<input type="checkbox"/> CONT LOC					
MFG	180 DAYS	ORD OR LAW	DAYS	LMT		COMM (DESCR BELOW)	<input type="checkbox"/> REC LOC					
Mining							<input type="checkbox"/> MFG LOC					
% COINS	\$ <input type="checkbox"/>						<input type="checkbox"/> LDR LOC (DESCR BELOW)					
NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP										EXTRA EXPENSE	DAYS PERIOD REST	
										LIMIT LOSS PAY	% % % %	
ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION												
CONSTRUCTION TYPE		DISTANCE TO HYDRANT	50FT	FIRE STATION	3MI	FIRE DISTRICT CODE NUMBER		PROT CL	# STORIES	# BASMTS	YR BUILT	TOTAL AREA
FRAME		Asheville				3	1	1991	1,248			
BUILDING IMPROVEMENTS		PLUMBING, YR:	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES						
<input type="checkbox"/> WIRING, YR:	<input type="checkbox"/> HEATING, YR:											
<input type="checkbox"/> ROOFING, YR:	<input type="checkbox"/> HEATING, YR:	WIND CLASS	RESISTIVE <input type="checkbox"/> SEMI-RESISTIVE <input type="checkbox"/> OTHER			HEATING BOILER ON PREMISES?			YES	NO		
<input type="checkbox"/> OTHER:						IF YES, IS INSURANCE PLACED ELSEWHERE?		YES	NO			
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE				REAR EXPOSURE & DISTANCE						
other resort properties												
BURGLAR ALARM TYPE		CERTIFICATE #			EXPIRATION DATE			EXTENT	GRADE	CENTRAL STATION WITH KEYS		
BURGLAR ALARM INSTALLED AND SERVICED BY						# GUARDS/WATCHMEN			2	CLOCK HOURLY 24 hr employ		
YES									X	CENTRAL STATION LOCAL GONG		
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)												
smoke/fire		% SPRNK	FIRE ALARM MANUFACTURER									
ADDITIONAL INTERESTS												
RANK: INTEREST: LOSS PAYEE MORTGAGEE	NAME AND ADDRESS:		REFERENCE #:			CERTIFICATE REQUIRED		INTEREST ITEM NUMBER				
ITEM DESCRIPTION:												
REMARKS												
Premise 1												
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)												
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ADDITIONAL PREMISES INFORMATION		PREMISES #: 1 BUILDING #: 6	STREET ADDRESS: 87 Richmond Hill Drive Asheville NC 28806 BLDG DESCRIPTION: Guest House									
SUBJECT OF INSURANCE		AMOUNT	COMS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	BLKT COV	FORMS AND CONDITIONS TO APPLY			
BUILDING		210,912	90	R	SPECIAL			5,000	AGR AMT			
BLKT BPP 1/1			0									
BLKT BI/EE			0						ALS			
ADDITIONAL INFORMATION		<input checked="" type="checkbox"/> Y	BUSINESS INCOME / EXTRA EXPENSE		BUSINESS INCOME W/O EXTRA EXPENSE			EXTRA EXPENSE				
TYPE OF BUSINESS		ORDINARY PAYROLL	POWER+HEAT	EXTPERIOD	TUITIONFEES	OFF PREM POWER	DEPEND PROP					
<input checked="" type="checkbox"/> NON MFG		<input checked="" type="checkbox"/> EXCL <input type="checkbox"/> INCL	\$ <input type="checkbox"/> DED	DAYS	\$ <input type="checkbox"/> STUDENTS	POWER	% COIN					
<input type="checkbox"/> MFG		90 DAYS	ELEC MEDIA	MD PERIOD	\$ <input type="checkbox"/> OTHER ED SERV/INC	WATER	CONT LOC					
<input type="checkbox"/> MINING		180 DAYS	DAYS	LIMIT		COMM (DESCR BELOW)	REC LOC					
<input type="checkbox"/> % COINS		\$ <input type="checkbox"/>	ORD OR LAW	MAX PERIOD			MFG LOC					
		DAYS					LDR LOC (DESCR BELOW)					
NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP										EXTRA EXPENSE	DAYS PERIOD REST	
										6	6	
ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION										LIMIT LOSS PAY	6	
CONSTRUCTION TYPE		DISTANCE TO HYDRANT	FIRE STATION	FIRE DISTRICT CODE NUMBER			PROT CL	# STORIES	# BASMTS	YR BUILT	TOTAL AREA	
FRAME		50FT	3MI	Asheville/			3	1		1991	1,248	
BUILDING IMPROVEMENTS		PLUMBING, YR:	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES						
<input type="checkbox"/> WIRING, YR:		<input type="checkbox"/> HEATING, YR:	WIND CLASS									
<input type="checkbox"/> ROOFING, YR:		<input type="checkbox"/> OTHER:	<input type="checkbox"/> RESISTIVE	<input type="checkbox"/> SEMI-RESISTIVE	<input type="checkbox"/> OTHER	HEATING BOILER ON PREMISES?						
						IF YES, IS INSURANCE PLACED ELSEWHERE? YES <input type="checkbox"/> NO <input type="checkbox"/>						
RIGHT EXPOSURE & DISTANCE				LEFT EXPOSURE & DISTANCE			REAR EXPOSURE & DISTANCE					
other resort properties												
BURGLAR ALARM TYPE				CERTIFICATE #		EXPIRATION DATE		EXTENT	GRADE	CENTRAL STATION WITH KEYS		
BURGLAR ALARM INSTALLED AND SERVICED BY								# GUARDS/WATCHMEN	2	CLOCK/HOURLY <input checked="" type="checkbox"/> 24 hr employ		
Yes				PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)		% SPRINK	FIRE ALARM MANUFACTURER			<input checked="" type="checkbox"/> CENTRAL STATION LOCAL GONG		
ADDITIONAL INTERESTS												
RANK:	NAME AND ADDRESS:		REFERENCE #:			CERTIFICATE REQUIRED		INTEREST IN ITEM NUMBER				
INTEREST								LOCATION:	BUILDING:			
<input type="checkbox"/> LOSS PAYEE								SCHEDULED ITEM NUMBER:				
<input type="checkbox"/> MORTGAGEE								OTHER:				
ITEM DESCRIPTION:												
REMARKS												
Premise 1												
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR or VT; In DC, LA, ME, TN and VA, insurance benefits may also be denied)												
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ADDITIONAL PREMISES INFORMATION		PREMISES #: 1 BUILDING #: 6	STREET ADDRESS: 87 Richmond Hill Drive Asheville NC 28806 BLDG DESCRIPTION: Guest House									
SUBJECT OF INSURANCE		AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	BLKT COV	FORMS AND CONDITIONS TO APPLY			
BUILDING		210,912	90	R	SPECIAL		5,000		AGR AMT			
BLKT BPP 1/1			0									
BLKT BI/EE			0						ALS			
ADDITIONAL INFORMATION		Y	BUSINESS INCOME / EXTRA EXPENSE			BUSINESS INCOME W/O EXTRA EXPENSE			EXTRA EXPENSE			
TYPE OF BUSINESS	ORDINARY PAYROLL	POWERHEAT	EXT PERIOD		TUITION FEES		OFF PREM POWER	DEPEND PROP	% COIN CONT LOC REC LOC MFG LOC LDR LOC (DESC BELOW)			
	X NON MFG MFG MINING		<input checked="" type="checkbox"/> EXCL <input type="checkbox"/> INCL	\$ 90 DAYS 180 DAYS	OED	DAYS				\$ STUDENTS OTHER ED SERV INC	POWER WATER COAL (DESCR BELOW)	
% COINS	\$	ORD OR LAW	MAX PERIOD	DAYS								
NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP									EXTRA EXPENSE	DAYS PERIOD REST		
									LIMIT LOSS PAY	% % % %		
ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION												
CONSTRUCTION TYPE		DISTANCE TO HYDRANT	FIRE STATION	FIRE DISTRICT CODE NUMBER			PROT CL	# STORIES	# BASMTS	YR BUILT	TOTAL AREA	
FRAME		50FT	3MI	Asheville/			3	1		1991	1,248	
BUILDING IMPROVEMENTS		WIRING, YR:	PLUMBING, YR:	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES					
		ROOFING, YR:	HEATING, YR:	WIND CLASS	RESISTIVE	SEMI-RESISTIVE	OTHER	HEATING BOILER ON PREMISES?			YES	NO
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE			REAR EXPOSURE & DISTANCE			IF YES, IS INSURANCE PLACED ELSEWHERE?			YES	NO
other resort properties												
BURGLAR ALARM TYPE		CERTIFICATE #			EXPIRATION DATE			EXTENT	GRADE	CENTRAL STATION WITH KEYS		
BURGLAR ALARM INSTALLED AND SERVICED BY								# GUARDS/WATCHMEN	2	CLOCK HOURLY 24 hr employ		
YES										X CENTRAL STATION LOCAL GONG		
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)												
smoke/fire		% SPRINK		FIRE ALARM MANUFACTURER			CENTRAL STATION					
ADDITIONAL INTERESTS												
RANK:	NAME AND ADDRESS:		REFERENCE #:		CERTIFICATE REQUIRED			INTEREST ITEM NUMBER				
INTEREST								LOCATION:	BUILDING:			
LOSS PAYEE MORTGAGEE								SCHEDULED ITEM NUMBER:				
								OTHER:				
ITEM DESCRIPTION:												
REMARKS												
Premise 1												
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR or VT; In DC, LA, ME, TN and VA, insurance benefits may also be denied)												
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ADDITIONAL PREMISES INFORMATION		PREMISES #: 1 BUILDING #: 7	STREET ADDRESS: 87 Richmond Hill Drive Asheville NC 28806 BLDG DESCRIPTION: Carriage House/Offices								
SUBJECT OF INSURANCE		AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	BURG COV	FORMS AND CONDITIONS TO APPLY		
BUILDING		747,400	90	R	SPECIAL		5,000		AGR AMT		
BLKT BPP 1/1			0								
BLKT BI/EE			0						ALS		
ADDITIONAL INFORMATION		Y	BUSINESS INCOME / EXTRA EXPENSE			BUSINESS INCOME W/O EXTRA EXPENSE			EXTRA EXPENSE		
TYPE OF BUSINESS		ORDINARY PAYROLL	POWERHEAT	EXT PERIOD	TUITION FEES	OFF PREM POWER	DEPEND PROP				
X	NON MFG	<input checked="" type="checkbox"/> EXCL <input type="checkbox"/> INCL	\$ <input type="text"/> DED	DAYS	\$ <input type="text"/> STUDENTS	POWER	% COIN				
	MFG	<input type="checkbox"/> 90 DAYS	ELEC MEDIA	<input type="checkbox"/> MO PERIOD	\$ <input type="text"/> OTHER ED SERVIC	WATER	CONT LOC				
	MINING	<input type="checkbox"/> 180 DAYS		DAYS	LIMIT	COMM (DESCR BELOW)	REC LOC				
	% COINS	<input type="checkbox"/> \$ <input type="text"/>	ORD OR LAW		MAX PERIOD		MFG LOC				
			DAYS				LDR LOC (DESCR BELOW)				
NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP										EXTRA EXPENSE	DAYS PERIOD REST
										LIMIT LOSS PAY	% % % %
ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION											
CONSTRUCTION TYPE		DISTANCE TO HYDRANT	FIRE STATION	FIRE DISTRICT/CODE NUMBER			PROT CL	# STORIES	# BATHS	YR BUILT	TOTAL AREA
FRAME		50FT	3 MI	Asheville/			3	2	1	1992	4,200
BUILDING IMPROVEMENTS			BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES					
	WIRING, YR:	<input type="checkbox"/> PLUMBING, YR:				HEATING BOILER ON PREMISES?					
	ROOFING, YR:	<input type="checkbox"/> HEATING, YR:	WIND CLASS	<input type="checkbox"/> RESISTIVE	<input type="checkbox"/> SEMI-RESISTIVE	<input type="checkbox"/> OTHER	IF YES, IS INSURANCE PLACED ELSEWHERE?			YES	NO
RIGHT EXPOSURE & DISTANCE				LEFT EXPOSURE & DISTANCE			REAR EXPOSURE & DISTANCE				
other resort properties											
BURGLAR ALARM TYPE				CERTIFICATE #		EXPIRATION DATE		EXTENT	GRADE	CENTRAL STATION WITH KEYS	
BURGLAR ALARM INSTALLED AND SERVICED BY								# GUARDS/WATCHMEN		CLOCK HOURLY	
yes								2		X 24 hr employ	
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)				% SPRNK	FIRE ALARM MANUFACTURER				X CENTRAL STATION LOCAL GANG		
ADDITIONAL INTERESTS											
RANK:	NAME AND ADDRESS:		REFERENCE #:			CERTIFICATE REQUIRED		INTEREST ITEM NUMBER			
INTEREST								LOCATION: BUILDING:			
<input type="checkbox"/> LOSS PAYEE								SCHEDULED ITEM NUMBER:			
<input type="checkbox"/> MORTGAGEE								OTHER:			
ITEM DESCRIPTION:											
REMARKS											
Premise 1											
<p>ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)</p>											
APPLIED 140SCHED (2002/09)											

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ADDITIONAL PREMISES INFORMATION		PREMISES #:	STREET ADDRESS:							
		BUILDING #:	BLDG DESCRIPTION:							
SUBJECT OF INSURANCE		AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	BLKT COV	FORMS AND CONDITIONS TO APPLY	
BUILDING		4,210,101	90	R	SPECIAL		5,000		AGR AMT	
BLKT BPP 1/1			0							
BLKT BI/EE			0						ALS	
ADDITIONAL INFORMATION		Y	BUSINESS INCOME/EXTRA EXPENSE		BUSINESS INCOME W/O EXTRA EXPENSE			EXTRA EXPENSE		
TYPE OF BUSINESS		ORDINARY PAYROLL	POWERHEAT	EXT PERIOD	TUITION FEES	X	OFF PREM POWER	DEPEND PROP		
<input checked="" type="checkbox"/> NON MFG	<input checked="" type="checkbox"/> EXCL <input type="checkbox"/> INCL	\$ <input type="text"/> DEO	DAYS	\$ <input type="text"/> STUDENTS	<input checked="" type="checkbox"/> POWER	\$ COIN				
<input type="checkbox"/> MFG	<input type="checkbox"/> 90 DAYS	ELEC MEDIA	NO PERIOD	\$ <input type="text"/> OTHER ED SERVING	<input checked="" type="checkbox"/> WATER	<input type="checkbox"/> CONT LOC				
<input type="checkbox"/> MINING	<input type="checkbox"/> 180 DAYS	DAYS	LIMIT		<input checked="" type="checkbox"/> COMM (DESCR BELOW)	<input type="checkbox"/> REC LOC				
% COINS		\$ <input type="text"/>	ORD OR LAW	MAX PERIOD		<input type="checkbox"/> MFG LOC				
DAYS						LDR LOC (DESC BELOW)				
NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP								EXTRA EXPENSE	DAYS PERIOD REST	
								LIMIT LOSS PAY	% % % %	
ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION										
CONSTRUCTION TYPE		DISTANCE TO HYDRANT	FIRE STATION	FIRE DISTRICT/CODE NUMBER		PROT CL	# STORIES	# BASMTS	YR BUILT	TOTAL AREA
MAS/FRAME		50FT	3MI	Asheville/		3	2	1	1996	11,868
BUILDING IMPROVEMENTS		PLUMBING, YR:	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES				
<input type="checkbox"/> WIRING, YR:	<input type="checkbox"/> HEATING, YR:									
<input type="checkbox"/> ROOFING, YR:	<input type="checkbox"/> HEATING, YR:	WIND CLASS			HEATING BOILER ON PREMISES?			<input type="checkbox"/> YES	<input type="checkbox"/> NO	
<input type="checkbox"/> OTHER:		<input type="checkbox"/> RESISTIVE	<input type="checkbox"/> SEMI-RESISTIVE	<input type="checkbox"/> OTHER	IF YES, IS INSURANCE PLACED ELSEWHERE?			<input type="checkbox"/> YES	<input type="checkbox"/> NO	
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE				REAR EXPOSURE & DISTANCE				
other resort properties		parking								
BURGLAR ALARM TYPE		CERTIFICATE #			EXPIRATION DATE		EXTENT	GRADE	CENTRAL STATION WITH KEYS	
BURGLAR ALARM INSTALLED AND SERVICED BY						# GUARDS/WATCHMEN		2	CLOCK HOURLY	
Yes									X 24 hr employ	
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)		% SPRNK	FIRE ALARM MANUFACTURER					X CENTRAL STATION LOCAL GONG		
smoke/fire										
ADDITIONAL INTERESTS										
RANK:	NAME AND ADDRESS:		REFERENCE #:	CERTIFICATE REQUIRED		INTEREST ITEM NUMBER				
<input type="checkbox"/> LOSS PAYEE						<input type="checkbox"/> LOCATION: <input type="checkbox"/> BUILDING:				
<input type="checkbox"/> MORTGAGEE						<input type="checkbox"/> SCHEDULED ITEM NUMBER:				
	ITEM DESCRIPTION:				<input type="checkbox"/> OTHER:					
REMARKS										
Premise 1										
<p>ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR or VT; In DC, LA, ME, TN and VA, Insurance benefits may also be denied)</p>										
APPLIED 140SCHED (2002/09)										

RICHM-3 OP ID: C2

ADDITIONAL PREMISES INFORMATION		PREMISES #2 BUILDING # 1	STREET ADDRESS: 88 Richmond Hill Drive Asheville NC 28806 BLDG DESCRIPTION: One Family Dwelling								
SUBJECT OF INSURANCE		AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	BLKT COV	FORMS AND CONDITIONS TO APPLY		
BUILDING		338,000	90	R	SPECIAL		5,000		AGR AMT		
BLKT BPP 1/1			0								
BLKT BI/EE			0						ALS		
ADDITIONAL INFORMATION		Y	BUSINESS INCOME / EXTRA EXPENSE			BUSINESS INCOME W/O EXTRA EXPENSE			EXTRA EXPENSE		
TYPE OF BUSINESS	ORDINARY PAYROLL		POWERHEAT	EXT PERIOD		TUITION FEES	OFF PREM POWER		DEPEND PROP		
	<input checked="" type="checkbox"/> NON MFG	<input checked="" type="checkbox"/> EXCL <input type="checkbox"/> INCL		\$	DED		DAYS	\$	STUDENTS	POWER	% COIN
MFG	90 DAYS		ELEC MEDIA	NO PERIOD		\$	OTHER ED SERVIC	WATER	CONT LOC		
Mining	180 DAYS			DAYS	LIMIT		COUNT (DESCR BELOW)	COUNT (DESCR BELOW)	REC LOC		
% COINS	\$		ORD OR LAW	MAX PERIOD					MFG LOC		
				DAYS					LDR LOC (DESCR BELOW)		
NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP										EXTRA EXPENSE	DAYS PERIOD REST
										LIMIT LOSS PAY	% % % % %
ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION											
CONSTRUCTION TYPE		DISTANCE TO HYDRANT	FIRE STATION	FIRE DISTRICT/CODE NUMBER			PROT CL	# STORIES	# BASMT'S	YR BUILT	TOTAL AREA
FRAME		100FT	3MI	Asheville			3	1	1	1988	2,000
BUILDING IMPROVEMENTS		PLUMBING, YR:	WIRING, YR:	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES				
WIRING, YR:	ROOFING, YR:	HEATING, YR:		WIND CLASS			HEATING BOILER ON PREMISES?			YES	NO
OTHER:				RESISTIVE	SEMI-RESISTIVE	OTHER	IF YES, IS INSURANCE PLACED ELSEWHERE?			YES	NO
RIGHT EXPOSURE & DISTANCE			LEFT EXPOSURE & DISTANCE			REAR EXPOSURE & DISTANCE					
dwelling			dwelling								
BURGLAR ALARM TYPE			CERTIFICATE #		EXPIRATION DATE			EXTENT	GRADE	CENTRAL STATION WITH KEYS	
BURGLAR ALARM INSTALLED AND SERVICED BY								# GUARDS/WATCHMEN		CLOCK HOURLY	
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)			% SPRNK	FIRE ALARM MANUFACTURER			0		CENTRAL STATION LOCAL GONG		
ADDITIONAL INTERESTS											
RANK:	NAME AND ADDRESS:		REFERENCE #:	CERTIFICATE REQUIRED			INTEREST ITEM NUMBER				
INTEREST							LOCATION:	BUILDING:			
<input checked="" type="checkbox"/> LOSS PAYEE							SCHEDULED ITEM NUMBER:				
<input checked="" type="checkbox"/> MORTGAGEE							OTHER:				
ITEM DESCRIPTION:											
REMARKS											
Premise 2											
<p>ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)</p>											
APPLIED 140SCHED (2002/09)											

RICHM-3 OP ID: C2

ADDITIONAL PREMISES INFORMATION		PREMISES #3 BUILDING #: 1	STREET ADDRESS: 86 Richmond Hill Drive Asheville NC 28806 BLDG DESCRIPTION: One Family Dwelling												
SUBJECT OF INSURANCE		AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	BLKT COV	FORMS AND CONDITIONS TO APPLY						
BUILDING		338,000	90	R	SPECIAL		5,000		AGR AMT						
BLKT BPP 1/1			0												
BLKT BI/EE			0						ALS						
ADDITIONAL INFORMATION		Y	BUSINESS INCOME/EXTRA EXPENSE			BUSINESS INCOME W/O EXTRA EXPENSE			EXTRA EXPENSE						
TYPE OF BUSINESS		ORDINARY PAYROLL	POWERHEAT	EXT PERIOD	TUITION FEES	OFF PREM POWER	DEPEND PROP								
X	NON MFG	<input checked="" type="checkbox"/> EXCL <input type="checkbox"/> INCL	\$ DEO	DAYS	\$ STUDENTS	POWER	% COIN								
	MFG	<input type="checkbox"/> 90 DAYS	ELEC MEDIA	MO PERIOD	\$ OTHER ED SERV/INC	WATER	CONT LOC								
	MINING	<input type="checkbox"/> 180 DAYS	DAYS	LIMIT		COAL (DESCR BELOW)	REC LOC								
	% COINS	\$	ORD OR LAW	MAX PERIOD			MFG LOC								
			DAYS				LDR LOC (DESC BELOW)								
NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP											EXTRA EXPENSE	DAYS PERIOD REST			
											LIMIT LOSS PAY	%	%	%	%
ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION															
CONSTRUCTION TYPE		DISTANCE TO HYDRANT	FIRE STATION	FIRE DISTRICT CODE NUMBER			PROT CL	# STORIES	# BASHMTS	YR BUILT	TOTAL AREA				
FRAME		100FT	3MI	Asheville			3	1	1	1988	2,000				
BUILDING IMPROVEMENTS		PLUMBING, YR:	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES									
	WIRING, YR:	<input type="checkbox"/>													
	ROOFING, YR:	<input type="checkbox"/>	HEATING, YR:	WIND CLASS		HEATING BOILER ON PREMISES?									
	OTHER:	<input type="checkbox"/>		RESISTIVE	<input type="checkbox"/> SEMI-RESISTIVE	<input type="checkbox"/> OTHER	IF YES, IS INSURANCE PLACED ELSEWHERE?								
RIGHT EXPOSURE & DISTANCE				LEFT EXPOSURE & DISTANCE			REAR EXPOSURE & DISTANCE								
dwelling				dwelling											
BURGLAR ALARM TYPE				CERTIFICATE #		EXPIRATION DATE		EXTENT	GRADE	CENTRAL STATION WITH KEYS					
BURGLAR ALARM INSTALLED AND SERVICED BY								# GUARDS/WATCHMEN	0	CLOCK HOURLY					
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)				% SPRNK	FIRE ALARM MANUFACTURER		CENTRAL STATION LOCAL GONG								
smoke															
ADDITIONAL INTERESTS															
RANK:	NAME AND ADDRESS:		REFERENCE #:			CERTIFICATE REQUIRED			INTEREST ITEM NUMBER						
INTEREST															
<input type="checkbox"/> LOSS PAYEE															
<input type="checkbox"/> MORTGAGEE															
ITEM DESCRIPTION:															
REMARKS															
Premise 3															
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)															
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ADDITIONAL PREMISES INFORMATION		PREMISES #: 1	STREET ADDRESS: 87 Richmond Hill Drive Asheville NC 28806							RICHM-3	OP ID: C2	
		BLDG #: 1	BLDG DESCRIPTION: Mansion/Rest/Incl. Retaining Wall									
SUBJECT OF INSURANCE		AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	BLKT COV	FORMS AND CONDITIONS TO APPLY			
BUILDING		5,089,119	90	R	SPECIAL			5,000	AGR AMT			
BLKT BPP		1,500,000	0						ALL BLDGS			
BLKT BI/EE			0						ALS			
ADDITIONAL INFORMATION		Y	BUSINESS INCOME / EXTRA EXPENSE			BUSINESS INCOME WO EXTRA EXPENSE			EXTRA EXPENSE			
TYPE OF BUSINESS		ORDINARY PAYROLL	POWER/HEAT	EXT PERIOD	TUITION FEES	X	OFF PREM POWER	DEPEND PROP				
<input checked="" type="checkbox"/> NON MFG	<input checked="" type="checkbox"/> EXCL <input type="checkbox"/> INCL	\$ 90 DAYS	DED	DAYS	\$ STUDENTS	<input checked="" type="checkbox"/> X	POWER	% COIN				
MFG		180 DAYS	ELEC MEDIA	NO PERIOD	\$ OTHER ED SERV/INC	<input checked="" type="checkbox"/> X	WATER	CONT LOC				
MINING				DAYS	LIMIT	<input checked="" type="checkbox"/> X	COMM (DESCR BELOW)	REC LOC				
NON COINS		\$	ORD OR LAW	MAX PERIOD				MFG LOC				
NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP											EXTRA EXPENSE	DAYS PERIOD REST
											LIMIT LOSS PAY	% % % %
ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION												
CONSTRUCTION TYPE		DISTANCE TO HYDRANT FIRE STATION		FIRE DISTRICT/CODE NUMBER			PROT CL	# STORIES	# BASMTS	YR BUILT	TOTAL AREA	
FRAME		50FT	3MI	Asheville/			3	3	1	1889	7,300	
BUILDING IMPROVEMENTS		WIRING, YR: 85	<input checked="" type="checkbox"/> PLUMBING, YR: 85	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES					
<input checked="" type="checkbox"/> X	ROOFING, YR: 85	<input checked="" type="checkbox"/> X	HEATING, YR: 85	WIND CLASS			HEATING BOILER ON PREMISES?					
OTHER:		<input type="checkbox"/> RESISTIVE <input type="checkbox"/> SEMI-RESISTIVE <input type="checkbox"/> OTHER			IF YES, IS INSURANCE PLACED ELSEWHERE?			<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE			REAR EXPOSURE & DISTANCE							
Other Resort properties		Other Resort properties			same							
BURGLAR ALARM TYPE		CERTIFICATE #			EXPIRATION DATE			EXTENT	GRADE	CENTRAL STATION WITH KEYS		
Yes										CLOCK HOURLY		
BURGLAR ALARM INSTALLED AND SERVICED BY								# GUARDS/WATCHMEN	2	X 24 hr manned		
Details to follow if requested										X CENTRAL STATION LOCAL GONG		
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)		% SPRINKLERS	FIRE ALARM MANUFACTURER									
smoke/tire		100	Yes									
ADDITIONAL INTERESTS												
RANK:	NAME AND ADDRESS:		REFERENCE #:			CERTIFICATE REQUIRED			INTEREST ITEM NUMBER			
INTEREST									LOCATION:	BUILDING:		
<input type="checkbox"/>	LOSS PAYEE:								SCHEDULED ITEM NUMBER:			
<input type="checkbox"/>	MORTGAGEE								OTHER:			
ITEM DESCRIPTION:												
REMARKS												
Premise 1												
<p>ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)</p>												
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ADDITIONAL PREMISES INFORMATION		PREMISES #1 BUILDING #: 2	STREET ADDRESS: 87 Richmond Hill Drive Asheville NC 28806 BLDG DESCRIPTION: Guest House									
SUBJECT OF INSURANCE		AMOUNT	CONS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	BLKT COV	FORMS AND CONDITIONS TO APPLY			
BUILDING		173,732	90	R	SPECIAL		5,000		AGR AMT			
BLKT BPP 1/1			0									
BLKT BI/EE			0						ALS			
ADDITIONAL INFORMATION		BUSINESS INCOME / EXTRA EXPENSE			BUSINESS INCOME W/O EXTRA EXPENSE			EXTRA EXPENSE				
TYPE OF BUSINESS	ORDINARY PAYROLL	POWER/HEAT	EXT PERIOD	TUITION FEES	OFF PREM POWER	DEPEND PROP						
NON MFG	<input type="checkbox"/> EXCL <input type="checkbox"/> INCL	\$ <input type="checkbox"/> DED	DAY(S) <input type="checkbox"/>	STUDENTS <input type="checkbox"/>	POWER <input type="checkbox"/>	% COIN <input type="checkbox"/>						
MFG	<input type="checkbox"/> 90 DAYS	ELEC MEDIA <input type="checkbox"/>	NO PERIOD <input type="checkbox"/>	OTHER ED SERVIC <input type="checkbox"/>	WATER <input type="checkbox"/>	CONT LOC <input type="checkbox"/>						
MANU	<input type="checkbox"/> 180 DAYS	DAYS <input type="checkbox"/>	LIMIT <input type="checkbox"/>	(DESCR BELOW)	COMM <input type="checkbox"/>	REC LOC <input type="checkbox"/>						
% CONS	\$ <input type="checkbox"/>	ORD OR LAW <input type="checkbox"/>	MAX PERIOD <input type="checkbox"/>		(DESCR BELOW)	MFG LOC <input type="checkbox"/>						
NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP								EXTRA EXPENSE <input type="checkbox"/>	DAYS PERIOD REST <input type="checkbox"/>			
								LIMIT LOSS PAY <input type="checkbox"/>	% <input type="checkbox"/> % <input type="checkbox"/> % <input type="checkbox"/> % <input type="checkbox"/>			
ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION												
CONSTRUCTION TYPE		DISTANCE TO HYDRANT	FIRE STATION	FIRE DISTRICT/CODE NUMBER			PROT CL	# STORIES	# BASMTS	YR BUILT	TOTAL AREA	
FRAME		50FT	3 MI	Asheville			3	1		1991	1,048	
BUILDING IMPROVEMENTS		PLUMBING, YR:	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES						
WIRING, YR:	<input type="checkbox"/>	HEATING, YR:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
ROOFING, YR:	<input type="checkbox"/>	WIND CLASS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
OTHER:	<input type="checkbox"/>	RESISTIVE <input type="checkbox"/>	SEM-RESISTIVE <input type="checkbox"/>	OTHER <input type="checkbox"/>	HEATING BOILER ON PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO							
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE			REAR EXPOSURE & DISTANCE							
other resort properties												
BURGLAR ALARM TYPE		CERTIFICATE #			EXPIRATION DATE			EXTENT	GRADE	CENTRAL STATION WITH KEYS		
BURGLAR ALARM INSTALLED AND SERVICED BY								# GUARDS/WATCHMEN		CLOCK HOURLY		
yes								2		X 24 hr employ		
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)				% SPRINK	FIRE ALARM MANUFACTURER					X CENTRAL STATION LOCAL GONG		
smoke/fire												
ADDITIONAL INTERESTS												
RANK:	NAME AND ADDRESS:		REFERENCE #:	CERTIFICATE REQUIRED			INTEREST IN ITEM NUMBER					
INTEREST							LOCATION:	BUILDING:				
LOSS PAYEE MORTGAGEE							SCHEDULED ITEM NUMBER:					
ITEM DESCRIPTION:												
REMARKS												
Premise 1												
<p>ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)</p>												
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ADDITIONAL PREMISES INFORMATION		PREMISES #: 1 BUILDING #: 3	STREET ADDRESS: 87 Richmond Hill Drive Asheville NC 28806 BLDG DESCRIPTION: Guest House									
SUBJECT OF INSURANCE		AMOUNT	CONS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	BEST COV	FORMS AND CONDITIONS TO APPLY			
BUILDING		210,912	90	R	SPECIAL		6,000		AGR AMT			
BLKT BPP 1/1			0									
BLKT BI/EE			0						ALS			
ADDITIONAL INFORMATION		Y	BUSINESS INCOME/EXTRA EXPENSE			BUSINESS INCOME W/O EXTRA EXPENSE			EXTRA EXPENSE			
TYPE OF BUSINESS	ORDINARY PAYROLL	POWER/HEAT	EXT PERIOD	TUITION FEES			OFF PREM POWER	DEPEND PROP				
X NON MFG	X EXCL <input type="checkbox"/> INCL	\$ <input type="checkbox"/> DED	DAYS	\$ <input type="checkbox"/> STUDENTS	<input type="checkbox"/> POWER	<input type="checkbox"/> % COIN						
MFG	90 DAYS	ELEC MEDIA	NO PERIOD	\$ <input type="checkbox"/> OTHER ED SERV/INC	<input type="checkbox"/> WATER	<input type="checkbox"/> CONT LOC						
MINING	180 DAYS	DAYS	UNIT		<input type="checkbox"/> COMM (DESCR BELOW)	<input type="checkbox"/> REC LOC						
% COINS	\$ <input type="checkbox"/>	ORD OR LAW	MAX PERIOD			<input type="checkbox"/> MFG LOC						
		DAYS				LDR LOC (DESCR BELOW)						
NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP									EXTRA EXPENSE	DAYS PERIOD REST		
									LIMIT LOSS PAY	% % % %		
ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION												
CONSTRUCTION TYPE		DISTANCE TO HYDRANT FT	FIRE STATION MI	FIRE DISTRICT/CODE NUMBER			PROT CL	# STORIES	# BASMTS	YR BUILT	TOTAL AREA	
FRAME		Asheville			3	1	1991	1,248				
BUILDING IMPROVEMENTS		PLUMBING, YR:	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES						
WIRING, YR:												
ROOFING, YR:		HEATING, YR:	WIND CLASS			HEATING BOILER ON PREMISES?						
OTHER:			RESISTIVE	SEMI-RESISTIVE	OTHER	IF YES, IS INSURANCE PLACED ELSEWHERE?						
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE				REAR EXPOSURE & DISTANCE						
other resort properties												
BURGLAR ALARM TYPE		CERTIFICATE #			EXPIRATION DATE			EXTENT	GRADE	CENTRAL STATION WITH KEYS		
BURGLAR ALARM INSTALLED AND SERVICED BY								# GUARDS/WATCHMEN	2	CLOCK HOURLY X 24 hr employ		
YES		PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)			% SPRINK	FIRE ALARM MANUFACTURER				CENTRAL STATION LOCAL GONG		
smoke/fire												
ADDITIONAL INTERESTS												
RANK:	NAME AND ADDRESS:		REFERENCE #:	CERTIFICATE REQUIRED			INTEREST IN ITEM NUMBER					
INTEREST							LOCATION:	BUILDING:				
LOSS PAYEE MORTGAGEE							SCHEDULED ITEM NUMBER:					
ITEM DESCRIPTION:												
OTHER:												
REMARKS												
Premise 1												
<p>ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)</p>												
APPLIED 140SCHED (2002/09)												

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ADDITIONAL PREMISES INFORMATION		PREMISES #: 1 BUILDING #: 4	STREET ADDRESS: 87 Richmond Hill Drive Asheville NC 28806 BLDG DESCRIPTION: Guest House									
SUBJECT OF INSURANCE		AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	BLKT COV	FORMS AND CONDITIONS TO APPLY			
BUILDING		210,912	90	R	SPECIAL		5,000		AGR AMT			
BLKT BPP 1/1			0									
BLKT B/E/EE			0						ALS			
ADDITIONAL INFORMATION		Y	BUSINESS INCOME / EXTRA EXPENSE			BUSINESS INCOME W/O EXTRA EXPENSE			EXTRA EXPENSE			
TYPE OF BUSINESS	ORDINARY PAYROLL	POWER/HEAT	EXT PERIOD	TUITION FEES	OFF PREM POWER	DEPEND PROP						
X NON MFG	<input checked="" type="checkbox"/> EXCL <input type="checkbox"/> INCL	\$ <input type="text"/> DED	DAYS <input type="text"/>	STUDENTS <input type="checkbox"/>	POWER <input type="checkbox"/>	% COIN <input type="checkbox"/>						
MFG	<input type="checkbox"/> 90 DAYS	ELEC MEDIA <input type="checkbox"/>	NO PERIOD <input type="checkbox"/>	OTHER ED SERV/INC <input type="checkbox"/>	WATER <input type="checkbox"/>	CONT LOC <input type="checkbox"/>						
MINING	<input type="checkbox"/> 160 DAYS	DAYS <input type="checkbox"/>	LIMIT <input type="checkbox"/>	(DESCR BELOW) <input type="checkbox"/>	CIVIL (DESCR BELOW) <input type="checkbox"/>	REC LOC <input type="checkbox"/>						
% COINS	\$ <input type="text"/>	ORD OR LAW <input type="checkbox"/>	MAX PERIOD <input type="checkbox"/>		MFG LOC <input type="checkbox"/>	LDR LOC (DESCR BELOW) <input type="checkbox"/>						
NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP									EXTRA EXPENSE <input type="checkbox"/>	DAYS PERIOD REST <input type="checkbox"/>		
									LIMIT LOSS PAY <input type="checkbox"/>	% <input type="text"/> % <input type="text"/> % <input type="text"/>		
ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION												
CONSTRUCTION TYPE		DISTANCE TO HYDRANT	FIRE STATION	FIRE DISTRICT/CODE NUMBER			PROT CL	# STORIES	# BASMTS	YR BUILT	TOTAL AREA	
FRAME		50FT	3MI	Asheville			3	1		1991	1,248	
BUILDING IMPROVEMENTS												
WIRING, YR:	<input type="checkbox"/>	PLUMBING, YR:	BLDG CODE GRADE <input type="checkbox"/>	TAX CODE <input type="checkbox"/>	ROOF TYPE <input type="checkbox"/>	OTHER OCCUPANCIES						
ROOFING, YR:	<input type="checkbox"/>	HEATING, YR:	WIND CLASS <input type="checkbox"/>	RESISTIVE <input type="checkbox"/> SEMI-RESISTIVE <input type="checkbox"/> OTHER <input type="checkbox"/>			HEATING BOILER ON PREMISES?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
OTHER:	<input type="checkbox"/>									YES <input type="checkbox"/>	NO <input type="checkbox"/>	
RIGHT EXPOSURE & DISTANCE			LEFT EXPOSURE & DISTANCE			REAR EXPOSURE & DISTANCE						
other resort properties												
BURGLAR ALARM TYPE			CERTIFICATE #			EXPIRATION DATE			EXTENT	GRADE	CENTRAL STATION <input type="checkbox"/>	
											WITH KEYS <input type="checkbox"/>	
BURGLAR ALARM INSTALLED AND SERVICED BY									# GUARDS/WATCHMEN		CLOCK/HOURLY <input type="checkbox"/>	
yes									2		24 hr employ <input checked="" type="checkbox"/>	
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)				% SPRNK <input type="checkbox"/>	FIRE ALARM MANUFACTURER						CENTRAL STATION <input type="checkbox"/>	
smoke/tire											LOCAL GONG <input type="checkbox"/>	
ADDITIONAL INTERESTS												
RANK:	NAME AND ADDRESS:		REFERENCE #:			CERTIFICATE REQUIRED			INTEREST ITEM NUMBER			
INTEREST									LOCATION:	BUILDING:		
<input type="checkbox"/> LOSS PAYEE									SCHEDULED ITEM NUMBER:			
<input type="checkbox"/> MORTGAGEE									OTHER:			
ITEM DESCRIPTION:												
REMARKS												
Premise 1												
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)												
APPLIED 140SCHED (2002/09)												

ADDITIONAL PREMISES INFORMATION		PREMISES #: 1	STREET ADDRESS: 87 Richmond Hill Drive Asheville NC 28806								RICHM-3	OP ID: C2			
		BLDG #: 5	BLDG DESCRIPTION: Guest House												
SUBJECT OF INSURANCE		AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION	GUARD %	DEDUCTIBLE	BLKT COV	FORMS AND CONDITIONS TO APPLY					
BUILDING		210,912	90	R	SPECIAL			5,000		AGR AMT					
BLKT BPP 1/1			0												
BLKT BI/EE			0							ALS					
ADDITIONAL INFORMATION		Y	BUSINESS INCOME / EXTRA EXPENSE			BUSINESS INCOME W/O EXTRA EXPENSE			EXTRA EXPENSE						
TYPE OF BUSINESS	ORDINARY PAYROLL		POWER/HEAT		EXT PERIOD		TUITION FEES		OFF PREM POWER		DEPEND PROP				
	<input checked="" type="checkbox"/> NON MFG	<input checked="" type="checkbox"/> EXCL	<input type="checkbox"/> INCL	\$	DED	DAYS	\$	STUDENTS	<input type="checkbox"/> POWER	<input type="checkbox"/> WATER	<input type="checkbox"/> COMM (DESCR BELOW)	<input type="checkbox"/> % COIN			
MFG	90 DAYS		ELEC MEDIA	MO PERIOD		\$	OTHER ED SERVIC	<input type="checkbox"/> POWER	<input type="checkbox"/> WATER	<input type="checkbox"/> COMM (DESCR BELOW)	<input type="checkbox"/> CONT LOC				
MINING	180 DAYS		ORD OR LAW	MAX PERIOD				<input type="checkbox"/> REC LOC	<input type="checkbox"/> MFG LOC	<input type="checkbox"/> LDR LOC (DESC BELOW)					
% COINS	\$			DAYS											
NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP											EXTRA EXPENSE	DAYS PERIOD REST			
											LIMIT LOSS PAY	%	%	%	%
ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION															
CONSTRUCTION TYPE		DISTANCE TO HYDRANT	FIRE STATION	FIRE DISTRICT/CODE NUMBER				PROT CL	# STORIES	# BASMTS	YR BUILT	TOTAL AREA			
FRAME		50FT	3MI	Asheville/				3	1		1991	1,248			
BUILDING IMPROVEMENTS		PLUMBING, YR:	WIRING, YR:	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES								
WIRING, YR:	PLUMBING, YR:	WIRING, YR:	WIND CLASS				HEATING BOILER ON PREMISES?								
ROOFING, YR:	HEATING, YR:	OTHER:	RESISTIVE	SEM-RESISTIVE	OTHER	IF YES, IS INSURANCE PLACED ELSEWHERE?									
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE				REAR EXPOSURE & DISTANCE									
other resort properties															
BURGLAR ALARM TYPE		CERTIFICATE #			EXPIRATION DATE			EXTENT	GRADE	CENTRAL STATION					
BURGLAR ALARM INSTALLED AND SERVICED BY								# GUARDS/WATCHMEN	WITH KEYS						
yes								2	CLOCK HOURLY						
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)		% SPRNK	FIRE ALARM MANUFACTURER						X	24 hr employ					
smoke/fire									X	CENTRAL STATION					
										LOCAL GANG					
ADDITIONAL INTERESTS															
RANK:	NAME AND ADDRESS:		REFERENCE #:			CERTIFICATE REQUIRED			INTEREST IN ITEM NUMBER						
INTEREST									LOCATION:	BUILDING:					
<input type="checkbox"/> LOSS PAYEE									SCHEDULED ITEM NUMBER:						
<input type="checkbox"/> MORTGAGEE									OTHER:						
ITEM DESCRIPTION:															
REMARKS															
Premise 1															
<p>ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)</p>															
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ADDITIONAL PREMISES INFORMATION		PREMISES #: 1	STREET ADDRESS: 87 Richmond Hill Drive Asheville NC 28806									
		BUILDING #: 6	BLDG DESCRIPTION: Guest House									
SUBJECT OF INSURANCE		AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	BLDG COV	FORMS AND CONDITIONS TO APPLY			
BUILDING		210,912	90	R	SPECIAL		5,000		AGR AMT			
BLKT BPP 1/1			0									
BLKT BI/EE			0						ALS			
ADDITIONAL INFORMATION		Y	BUSINESS INCOME / EXTRA EXPENSE			BUSINESS INCOME W/O EXTRA EXPENSE		EXTRA EXPENSE				
TYPE OF BUSINESS		ORDINARY PAYROLL	POWERHEAT	EXT PERIOD	TUITION FEES	OFF PREM POWER	DEPEND PROP					
X	NON MFG	<input checked="" type="checkbox"/> EXCL <input type="checkbox"/> INCL	\$ <input type="text"/> DED	DAYS	\$ <input type="text"/> STUDENTS	POWER	% COIN					
	MFG	<input type="checkbox"/>	90 DAYS	ELEC MEDIA	\$ <input type="text"/> MO PERIOD	WATER	<input type="checkbox"/> CONT LOC					
	Mining	<input type="checkbox"/>	180 DAYS	DAYS	LIMIT	COMM (DESCR BELOW)	<input type="checkbox"/> REC LOC					
	% COINS	<input type="checkbox"/>	\$ <input type="text"/> ORD OR LAW	MAX PERIOD	DAYS		<input type="checkbox"/> MFG LOC					
NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP									EXTRA EXPENSE	DAYS PERIOD REST		
									LIMIT LOSS PAY	% % % % %		
ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION												
CONSTRUCTION TYPE		DISTANCE TO HYDRANT	FIRE STATION	FIRE DISTRICT CODE NUMBER			PROT CL	# STORIES	# BASMTS	YR BUILT	TOTAL AREA	
FRAME		50FT	3MI	Asheville			3	1		1991	1,248	
BUILDING IMPROVEMENTS		PLUMBING, YR:	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES						
WIRING, YR:	<input type="checkbox"/>	HEATING, YR:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
ROOFING, YR:	<input type="checkbox"/>	WIND CLASS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HEATING BOILER ON PREMISES?						
OTHER:	<input type="checkbox"/>	RESISTIVE	SEM-RESISTIVE	OTHER	<input type="checkbox"/>	<input type="checkbox"/> IF YES, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> YES <input type="checkbox"/> NO						
RIGHT EXPOSURE & DISTANCE			LEFT EXPOSURE & DISTANCE			REAR EXPOSURE & DISTANCE						
other resort properties												
BURGLAR ALARM TYPE			CERTIFICATE #			EXPIRATION DATE			EXTENT	GRADE	CENTRAL STATION WITH KEYS	
BURGLAR ALARM INSTALLED AND SERVICED BY									# GUARDS/WATCHMEN		CLOCK HOURLY	
Yes									2	X	24 hr employ	
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)			% SPRNK	FIRE ALARM MANUFACTURER						X	CENTRAL STATION LOCAL GONG	
ADDITIONAL INTERESTS												
RANK:	NAME AND ADDRESS:		REFERENCE #:	CERTIFICATE REQUIRED			INTEREST ITEM NUMBER					
INTEREST												
<input type="checkbox"/> LOSS PAYEE							LOCATION: <input type="checkbox"/> BUILDING:					
<input type="checkbox"/> MORTGAGEE							SCHEDULED ITEM NUMBER:					
							OTHER:					
ITEM DESCRIPTION:												
REMARKS												
Premise 1												
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR or VT; In DC, LA, ME, TN and VA, Insurance benefits may also be denied)												
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ADDITIONAL PREMISES INFORMATION		PREMISES #: 1 BUILDING #: 7	STREET ADDRESS: 87 Richmond Hill Drive Asheville NC 28806 BLDG DESCRIPTION: Carriage House/Offices								
SUBJECT OF INSURANCE		AMOUNT	CONT %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	BLKT COV	FORMS AND CONDITIONS TO APPLY		
BUILDING		747,400	90	R	SPECIAL			5,000	AGR AMT		
BLKT BPP 1/1			0								
BLKT BI/EE			0						ALS		
ADDITIONAL INFORMATION		Y	BUSINESS INCOME / EXTRA EXPENSE			BUSINESS INCOME W/O EXTRA EXPENSE			EXTRA EXPENSE		
TYPE OF BUSINESS	ORDINARY PAYROLL	X EXCL <input type="checkbox"/> INCL	POWER/HEAT	EXT PERIOD		TUITION FEES	OFF PREM POWER		DEPEND PROP		
	X NON MFG		\$	DED	DAYS	\$	STUDENTS	<input type="checkbox"/>	POWER	% COIN	
	MFG		90 DAYS	ELEC MEDIA	NO PERIOD	\$	OTHER ED SERV/INC	<input type="checkbox"/>	WATER	CONF LOC	
	MIDING		180 DAYS		DAYS	MAX PERIOD		<input type="checkbox"/>	COMM (DESCR BELOW)	REC LOC	
% COINS		\$	ORD OR LAW	DAYS				MFG LOC	LDR LOC (DESCR BELOW)		
NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP									EXTRA EXPENSE	DAYS PERIOD REST	
									LIMIT LOSS PAY	% % % \$	
ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION											
CONSTRUCTION TYPE		DISTANCE TO HYDRANT	FIRE STATION	FIRE DISTRICT/CODE NUMBER			PROT CL	# STORIES	# BASMTS	YR BUILT	TOTAL AREA
FRAME		50FT	3MI	Asheville/			3	2	1	1992	4,200
BUILDING IMPROVEMENTS		WIRING, YR:	PLUMBING, YR:	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES				
		ROOFING, YR:	HEATING, YR:	WIND CLASS			HEATING BOILER ON PREMISES?				
		OTHER:		<input type="checkbox"/> RESISTIVE	<input type="checkbox"/> SEMI-RESISTIVE	<input type="checkbox"/> OTHER	<input type="checkbox"/> YES <input type="checkbox"/> NO				
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE					REAR EXPOSURE & DISTANCE				
other resort properties											
BURGLAR ALARM TYPE		CERTIFICATE #			EXPIRATION DATE		EXTENT	GRADE	CENTRAL STATION		
BURGLAR ALARM INSTALLED AND SERVICED BY							# GUARDS/WATCHMEN		WITH KEYS		
yes							2		CLOCK HOURLY		
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)		% SPRNK	FIRE ALARM MANUFACTURER					X 24 hr employ			
smoke/life								CENTRAL STATION			
								LOCAL GONG			
ADDITIONAL INTERESTS											
RANK:	NAME AND ADDRESS:		REFERENCE #:	CERTIFICATE REQUIRED		INTEREST IN ITEM NUMBER					
INTEREST						LOCATION: BUILDING:					
<input type="checkbox"/> LOSS PAYEE						SCHEDULED ITEM NUMBER:					
<input type="checkbox"/> MORTGAGEE						OTHER:					
ITEM DESCRIPTION:											
REMARKS											
Premise 1											
<p>ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR or VT; In DC, LA, ME, TN and VA, insurance benefits may also be denied)</p>											
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ADDITIONAL PREMISES INFORMATION		PREMISES #:	STREET ADDRESS:										
		BUILDING #:	BLDG DESCRIPTION:										
SUBJECT OF INSURANCE		AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	BUKT COV	FORMS AND CONDITIONS TO APPLY				
BUILDING		4,210,101	90	R	SPECIAL			5,000	AGR AMT				
BLKT BPP 1/1			0										
BLKT BI/EE			0						ALS				
ADDITIONAL INFORMATION		Y	BUSINESS INCOME / EXTRA EXPENSE			BUSINESS INCOME W/O EXTRA EXPENSE			EXTRA EXPENSE				
TYPE OF BUSINESS		ORDINARY PAYROLL	POWER/HEAT	EXT PERIOD	TUITION FEES	X	OFF PREM POWER	DEPEND PROP					
<input checked="" type="checkbox"/>	NON MFG	<input checked="" type="checkbox"/> EXCL <input type="checkbox"/> INCL	\$ <input type="text"/> DED	DAYS	\$ <input type="text"/> STUDENTS	<input checked="" type="checkbox"/>	POWER	% COIN					
<input type="checkbox"/>	MFG	<input type="checkbox"/> 90 DAYS	ELEC MEDIA	HO PERIOD	\$ <input type="text"/> OTHER ED SERVIC	<input checked="" type="checkbox"/>	WATER	CONF LOC					
<input type="checkbox"/>	MINING	<input type="checkbox"/> 180 DAYS	DAY	LIMIT		<input checked="" type="checkbox"/>	COMM (DESCR BELOW)	REC LOC					
% COINS		\$ <input type="text"/>	ORD OR LAW	MAX PERIOD				MFG LOC					
NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP									EXTRA EXPENSE	DAYS PERIOD REST			
									LIMIT LOSS PAY	96	96	96	96
ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION													
CONSTRUCTION TYPE		DISTANCE TO HYDRANT	FIRE STATION	FIRE DISTRICT/CODE NUMBER			PROT CL	# STORIES	# BASMTS	YR BUILT	TOTAL AREA		
MAS/FRAME		50FT	3 MI	Asheville/			3	2	1	1996	11,868		
BUILDING IMPROVEMENTS		PLUMBING, YR:	WIRING, YR:	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES						
<input type="checkbox"/> ROOFING, YR:		<input type="checkbox"/> HEATING, YR:		WIND CLASS			HEATING BOILER ON PREMISES?						
<input type="checkbox"/> OTHER:				<input type="checkbox"/> RESISTIVE	<input type="checkbox"/> SEMI-RESISTIVE	<input type="checkbox"/> OTHER	IF YES, IS INSURANCE PLACED ELSEWHERE?						
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE					REAR EXPOSURE & DISTANCE						
other resort properties		parking											
BURGLAR ALARM TYPE		CERTIFICATE #			EXPIRATION DATE		EXTENT	GRADE	CENTRAL STATION WITH KEYS				
BURGLAR ALARM INSTALLED AND SERVICED BY							# GUARDS/WATCHMEN		CLOCK HOURLY				
Yes		PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)			% SPRNK	FIRE ALARM MANUFACTURER		2		X 24 hr employ			
smoke/fire										X CENTRAL STATION LOCAL GONG			
ADDITIONAL INTERESTS													
RANK:	NAME AND ADDRESS:		REFERENCE #:			CERTIFICATE REQUIRED			INTEREST IN ITEM NUMBER				
INTEREST									LOCATION:	BUILDING:			
<input type="checkbox"/> LOSS PAYEE									SCHEDULED ITEM NUMBER:				
<input type="checkbox"/> MORTGAGEE									OTHER:				
ITEM DESCRIPTION:													
REMARKS													
Premise 1													
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)													
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ADDITIONAL PREMISES INFORMATION		PREMISES #2 BUILDING #: 1	STREET ADDRESS: 88 Richmond Hill Drive Asheville NC 28806 BLDG DESCRIPTION: One Family Dwelling								
SUBJECT OF INSURANCE		AMOUNT	CORNS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	BLK COV	FORMS AND CONDITIONS TO APPLY		
BUILDING		338,000	90	R	SPECIAL		5,000		AGR AMT		
BLKT BPP 1/1			0								
BLKT BI/EE			0						ALS		
ADDITIONAL INFORMATION		Y	BUSINESS INCOME / EXTRA EXPENSE			BUSINESS INCOME W/O EXTRA EXPENSE			EXTRA EXPENSE		
TYPE OF BUSINESS	NON MFG	ORDINARY PAYROLL	POWERHEAT	EXT PERIOD	TUITION FEES	OFF PREM POWER	DEPEND PROP	% COIN CONT LOC REC LOC MFG LOC LDR LOC (DESC BELOW)	EXTRA EXPENSE DAYS PERIOD REST LIMIT LOSS PAY		
	MFG	<input checked="" type="checkbox"/> EXCL <input type="checkbox"/> INCL	\$ 90 DAYS	DEO DAYS	\$ NO PERIOD	STUDENTS OTHER ED SERVIC	POWER WATER COAH (DESCR BELOW)				
	MINING		180 DAYS	DAYS	LIMIT						
	% COINS	\$	ORD OR LAW	MAX PERIOD							
NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP											
									EXTRA EXPENSE DAYS PERIOD REST LIMIT LOSS PAY		
ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION											
CONSTRUCTION TYPE		DISTANCE TO HYDRANT	FIRE STATION	FIRE DISTRICT/CODE NUMBER			PROT CL	# STORIES	# BASMTS	YR BUILT	TOTAL AREA
FRAME		100FT	3 MI	Asheville/			3	1	1	1988	2,000
BUILDING IMPROVEMENTS		WIRING, YR:	PLUMBING, YR:	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES				
		ROOFING, YR:	HEATING, YR:	WIND CLASS			HEATING BOILER ON PREMISES?				
		OTHER:		RESISTIVE	SEM-RESISTIVE	OTHER	<input type="checkbox"/> YES <input type="checkbox"/> NO				
RIGHT EXPOSURE & DISTANCE				LEFT EXPOSURE & DISTANCE			REAR EXPOSURE & DISTANCE				
dwelling				dwelling							
BURGLAR ALARM TYPE				CERTIFICATE #		EXPIRATION DATE		EXTENT	GRADE	CENTRAL STATION WITH KEYS	
BURGLAR ALARM INSTALLED AND SERVICED BY								# GUARDS/WATCHMEN		CLOCK HOURLY	
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)				% SPRINK	FIRE ALARM MANUFACTURER		0				
smoke											
ADDITIONAL INTERESTS											
RANK:	NAME AND ADDRESS:		REFERENCE #:	CERTIFICATE REQUIRED		INTEREST ITEM NUMBER					
INTEREST						LOCATION: BUILDING:					
LOSS PAYEE						SCHEDULED ITEM NUMBER:					
MORTGAGEE						OTHER:					
ITEM DESCRIPTION:											
REMARKS											
Premise 2											
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)											
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ADDITIONAL PREMISES INFORMATION		PREMISES #3 BUILDING #: 1	STREET ADDRESS: 86 Richmond Hill Drive Asheville NC 28806 BLDG DESCRIPTION: One Family Dwelling								
SUBJECT OF INSURANCE		AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	BLKT COV	FORMS AND CONDITIONS TO APPLY		
BUILDING		338,000	90	R	SPECIAL		5,000		AGR AMT		
BLKT BPP 1/1			0								
BLKT BI/EE			0						ALS		
ADDITIONAL INFORMATION		Y	BUSINESS INCOME / EXTRA EXPENSE			BUSINESS INCOME W/O EXTRA EXPENSE			EXTRA EXPENSE		
TYPE OF BUSINESS	ORDINARY PAYROLL	POWERHEAT	EXT PERIOD	TUITION FEES	OFF PREM POWER	DEPEND PROP					
X NON MFG	X EXCL <input type="checkbox"/> INCL	\$ DEO	DAYS	\$ STUDENTS	POWER	% COIN					
MFG	<input type="checkbox"/> 90 DAYS	ELEC MEDIA	NO PERIOD	\$ OTHER ED SERV INC	WATER	CONT LOC					
MINING	<input type="checkbox"/> 180 DAYS	DAY	LIMIT		COMM (DESCR BELOW)	REC LOC					
% CONS	\$	ORD OR LAW	MAX PERIOD			MFG LOC					
NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP								EXTRA EXPENSE	DAYS PERIOD REST		
								LIMIT LOSS PAY	% % % %		
ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION											
CONSTRUCTION TYPE		DISTANCE TO HYDRANT	FIRE STATION	FIRE DISTRICT/CODE NUMBER			PROT CL	# STORIES	# BASMTS	YR BUILT	TOTAL AREA
FRAME		100 FT	3 MI	Asheville/			3	1	1	1988	2,000
BUILDING IMPROVEMENTS										OTHER OCCUPANCIES	
WIRING, YR:	<input type="checkbox"/>	PLUMBING, YR:	BLDG CODE GRADE	TAX CODE	ROOF TYPE						
ROOFING, YR:	<input type="checkbox"/>	HEATING, YR:	WIND CLASS				HEATING BOILER ON PREMISES?			YES	NO
OTHER:	<input type="checkbox"/>		RESISTIVE	SEM-RESISTIVE	OTHER	IF YES, IS INSURANCE PLACED ELSEWHERE?			YES	NO	
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE				REAR EXPOSURE & DISTANCE					
dwelling		dwelling									
BURGLAR ALARM TYPE		CERTIFICATE #			EXPIRATION DATE		EXTENT	GRADE	CENTRAL STATION WITH KEYS		
BURGLAR ALARM INSTALLED AND SERVICED BY							# GUARDS/WATCHMEN	0	CLOCK HOURLY		
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)				% SPRINK	FIRE ALARM MANUFACTURER				CENTRAL STATION LOCAL GONG		
smoke											
ADDITIONAL INTERESTS											
RANK:	NAME AND ADDRESS:		REFERENCE #:	CERTIFICATE REQUIRED			INTEREST ITEM NUMBER				
INTEREST							LOCATION:	BUILDING:			
<input type="checkbox"/> LOSS PAYEE							SCHEDULED ITEM NUMBER:				
<input type="checkbox"/> MORTGAGEE							OTHER:				
ITEM DESCRIPTION:											
REMARKS											
Premise 3											
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)											
APPLIED 140SCHED (2002/09)											



STATEMENT OF VALUES

OP ID: C2

DATE (MM/DD/YYYY)

9/11/2008

PAGE

1 OF 3

AGENCY White Insurance Agency, Inc. P.O. Box 1310 Black Mountain, NC 28711 Cheryl K. Reavis	PHONE (AIC No. Ext): 828-669-7912 FAX (AIC No): 828-669-2315	COMPANY Company For Rating Purposes	NAIC CODE:																																
		INSURED/APPLICANT Richmond Hill Inn/The Hammocks	POLICY NUMBER APP																																
		HEADQUARTERS ADDRESS 87 Richmond Hill Drive Asheville, NC 28806-3912	EFFECTIVE DATE 10/19/08																																
CODE: AGENCY CUSTOMER ID RICHM-3	SUBCODE:	COINS % <table border="1"><tr><td></td><td>80%</td><td></td><td>BASIC</td><td></td><td>EARTHQUAKE COV</td><td></td><td>SPECIFIC AVERAGE RATE REQUESTED</td></tr><tr><td></td><td>90%</td><td></td><td>BROAD</td><td></td><td>FLOOD</td><td></td><td>X BLANKET RATE REQUESTED</td></tr><tr><td>X</td><td>100%</td><td>X</td><td>SPECIAL</td><td></td><td>SPRINKLER LEAKAGE EXCL</td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td>VANDALISM EXCL</td><td></td><td></td></tr></table>		80%		BASIC		EARTHQUAKE COV		SPECIFIC AVERAGE RATE REQUESTED		90%		BROAD		FLOOD		X BLANKET RATE REQUESTED	X	100%	X	SPECIAL		SPRINKLER LEAKAGE EXCL								VANDALISM EXCL			
	80%		BASIC		EARTHQUAKE COV		SPECIFIC AVERAGE RATE REQUESTED																												
	90%		BROAD		FLOOD		X BLANKET RATE REQUESTED																												
X	100%	X	SPECIAL		SPRINKLER LEAKAGE EXCL																														
					VANDALISM EXCL																														
APPLICABLE FORM NUMBERS (Attach completed forms and endorsements that require completion to provide necessary information affecting rates or loss costs) EQ Optional quote																																			

CLASS CODE	LOC #	BLDG #	DESCRIPTION AND ADDRESS OF PROPERTY	ACV/RC	SUBJECT	100% VALUES	RATE OR LOSS COST	PREMIUM
	1	1	DESC: Mansion/Restaurant/Rooms ADDRESS: 87 Richmond Hill Dr. Asheville, NC 28806	RC	B	5089119		
	1	1	DESC: Mansion/Rest./Rooms ADDRESS: 87 Richmond Hill Inn Asheville, NC 28806	RC	BPP	1500000		
ALS	1	1	DESC: Mansion/Rest./Rooms ADDRESS: 87 Richmond Hill Dr. Asheville, NC 28806	RC	BI			
	1	2	DESC: Guest House ADDRESS: 87 Richmond Hill Dr. Asheville, NC 28806	RC	B	173732		
	1	2	DESC: BPP Incl. In 1/1 ADDRESS: 87 Richmond Hill Dr. Asheville, NC 28806	RC	BPP			
	1	2	DESC: BI - Incl. In 1/1 ADDRESS: 87 Richmond Hill Dr. Asheville, NC 28806	RC	BI			
	1	3	DESC: Guest House ADDRESS: 87 Richmond Hill Dr. Asheville, NC 28806	RC	B	210912		
	1	3	DESC: BPP Incl in 1/1 ADDRESS: 87 Richmond Hill Dr. Asheville, NC 28806	RC	BPP			
	1	3	DESC: BI Incl In 1/1 ADDRESS: 87 Richmond Hill Dr. Asheville, NC 28806	RC	BI			
	1	4	DESC: Guest House ADDRESS: 87 Richmond Hill Dr. Asheville, NC 28806	RC	B	210912		
	1	4	DESC: BPP incl in 1/1 ADDRESS: 87 Richmond Hill Dr. Asheville, NC 28806	RC	BPP			
				TOTAL:	\$ 13240000	N/A	\$	

INSTRUCTIONS

- ACV (Actual Cash Value) or RC (Replacement Cost): If other valuation basis applies, provide necessary information.
- SUBJECT:
B = Building S = Stock F = Furniture & Fixtures M = Machinery
BPP = Your Business Personal Property PPO = Personal Property of Others
BI = Business Income R = Rental Income Other - specify
- RATE OR LOSS COST: For class rated property, attach class rate information form or equivalent information for each location. For specifically rated property, attach specific rate or loss cost information if known.

SIGNATURE

ALL VALUES AND LOCATION INFORMATION ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF

INSURED'S SIGNATURE: _____

TITLE: _____

DATE: _____

**STATEMENT/SCHEDULE OF VALUES
PROPERTY SCHEDULE**

RICHM-3 OP ID: C2

DATE (MM/DD/YYYY)
9/11/2008

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